

| NAME                             | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEES DETERMINATION</b>        |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 8      | 0/129/01 |
| <b>FORMALITY REVIEW</b>          |          |        |          |
| <b>RESPONSE FORMALITY REVIEW</b> | JPH      | 1030   | 5/15/01  |
|                                  | 515      | 87     | 7-06-01  |

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 ÷ Restricted O Objected

| Claim    | Date |
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| Final    |      |
| Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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